

Attachment 5 Submission Form for Technical Proposal

A. Proposer's name, address, telephone and fax numbers, email and federal tax identification number.

Firm (Legal Name):	
Address:	
Address Line 2:	
City, State, Zip code	
Contact:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Federal Tax ID Number:	

B. Please indicate which date(s) you are offering for the program.

Preference	Dates	Yes	No
Preferred Date (Date1-2)	September 26-27, 2014		
Choice 2 (Date 1 -2)	September 19-20, 2014		
Choice 3 (Date 1- 2)	October 3-4, 2014		

C. Estimated Meeting and Function Room Block:

Propose Meeting and Function Rooms schedule, including the date, time, and a description of the set is detailed below. Please add the Function room name, square footage, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter "n/a" for any items that are not applicable.

Date	Time	Function	Insert Proposed Meeting Space	Set Up	Estimated Attendance
Date 1					
Date 1	4:00 pm – 11:59 pm	Hospitality Office/ Faculty Office		Rounds	10
Date 1	4:00 pm – 11:59 pm	Registration		Flow	320
Date 1	4:00 pm – 11:59 pm	General Session Set-up		Theater	320
Date 2					
Date 2	12 am – 5 pm	Hospitality Office/ Faculty Office		Rounds	10
Date 2	12 am – 5 pm	Registration		Flow	320
Date 2	12 am – 5 pm	General Session		Theater	320
Date 1	12 am – 4 pm	Breakout #1		Rounds	40
Date 2	12 am – 4 pm	Breakout # 2		Rounds	40
Date 2	12 am – 4 pm	Breakout # 3		Rounds	40
Date 2	12 am – 4 pm	Breakout # 4		Rounds	40
Date 2	12 am – 4 pm	Breakout # 5		Rounds	40
Date 2	12 am – 4 pm	Breakout # 6		Rounds	40
Date 2	12 am – 4 pm	Breakout # 7		Rounds	20
Date 2	12 am – 4 pm	Breakout # 8		Rounds	20
Date 2	12 am – 4 pm	Breakout # 9		Rounds	20
Date 2	12 am – 4 pm	Breakout # 10		Rounds	20
Date 1	9 am – 10 am	Continental Breakfast		Flow	320
Date 1	12:00 pm – 1:15 pm	Lunch		Rounds	320
Date 1	2:30 pm – 3:00 pm	PM Break		Flow	320

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

Can the Program use its own audio-visual equipment and labor at no additional charge?

Yes	
No	

Please include an audio-visual price list sheet with this proposal for the Program.

- D. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

Type of Group Meal	Food and Beverage Menu
Date 2	
Breakfast	
Lunch	
PM Break	

Are you able to provide Kosher Meals at the same price as the group rate?

Yes	
No	

If No, What is the cost of Kosher Meals? _____

Please indicate where your Kosher Meals come from:

E. Other Program Needs (identify if included in other proposed pricing):

Item No.	Description	Approved (please note if approved)	Alternative
1.	(1) Complimentary House Phone for Registration area		
2.	(2) Complimentary easels for Registration area		
3.	Internet Access in Meeting Rooms		
4.	Secured storage for program materials		
5.	Easels for Signage		

F. Propose options for transportation to the hotel on public transportation

Discuss the various means of transportation to local airports.

Discuss the approximate distance from major freeways.

OFFER PERIOD

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date.

In the event a final contract has not been awarded within this ninety (90) day period, the Court reserves the right to negotiate extensions to this period.

H. Signature (must be completed by proposer):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature Print Name

Title: _____